

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM/PTO-875)

SERIAL NO. **09/425,956**
APPLICANT(S)

FILING DATE **10/25/99**

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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17		2		1		
18		2		1		
19		2		1		
20		2		1		
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TOTAL IND.	4		4			
TOTAL DEP.	11		11			
TOTAL CLAIMS	15		15			

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TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS